

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 70
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE
(NEUROSURGERYPAC)

Full Name (Last, First, Middle Initial)

A. Dr. James S. Harrop

Mailing Address 909 Walnut St. 2nd Fl.

City	State	Zip Code
Philadelphia	PA	19107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson Univ Hospital

Occupation

Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11AI.8388

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert F. Heary

Mailing Address 90 Bergen St. Ste. 8100

City	State	Zip Code
Newark	NJ	07103

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMDNJ

Occupation

Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

Transaction ID : SA11AI.8243

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Dr. Dale S. Horne

Mailing Address 7775 Hartford Hill Ln.

City	State	Zip Code
Montgomery	OH	45242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverhills Neuroscience

Occupation

Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : SA11AI.8337

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶